

PATENT COOPERATION TREATY

From the
INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

PCT

To:

Cicogna, Franco
UFFICIO INTERNAZIONALE BREVETTI
DOTT. PROF. FRANCO CICOGNA
Via Visconti di Modrone 14/A
I-20122 Milano
ITALIE

NOTIFICATION OF RECEIPT OF DEMAND BY COMPETENT INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

(PCT Rules 59.3(e) and 61.1(b), first sentence
and Administrative Instructions, Section 601(a))

Date of mailing
(day/month/year)

13-11-2003

Applicant's or agent's file reference 02/233/EST		IMPORTANT NOTIFICATION		
International application No. PCT/ IT 03/ 00053		International filing date (day/month/year) 04/02/2003	Priority date (day/month/year) 06/12/2002	
<p>Applicant FAVAGROSSA EDOARDO S.R.L. et al.</p>				

1. The applicant is hereby **notified** that this International Preliminary Examining Authority considers the following date as the date of receipt of the demand for international preliminary examination of the international application:

04/11/2003

2. This date of receipt is:

the actual date of receipt of the demand by this Authority (Rule 61.1(b)).
 the actual date of receipt of the demand on behalf of this Authority (Rule 59.3(e)).
 the date on which this Authority has, in response to the invitation to correct defects in the demand (Form PCT/IPEA/404), received the required corrections.

3. **ATTENTION:** That date of receipt is **AFTER** the expiration of 19 months from the priority date. Consequently, the election(s) made in the demand does (do) not have the effect of postponing the entry into the national phase until 30 months from the priority date (or later in some Offices) (Article 39(1)). Therefore, the acts for entry into the national phase must be performed within 20 months from the priority date (or later in some Offices) (Article 22). For details, see the *PCT Applicant's Guide*, Volume II.

(If applicable) This notification confirms the information given by telephone, facsimile transmission or in person on:

4. Only where paragraph 3 applies, a copy of this notification has been sent to the International Bureau.

Name and mailing address of the IPEA/  European Patent Office D-80298 Munich Tel. (+ 49-89) 2399-0, Tx: 523656 epmu d Fax: (+ 49-89) 2399-4465	Authorized officer TESCHAUER B A Tel. (+ 49-89) 2399-8231
---	--



The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:
IPEA/ EUROPEAN PATENT OFFICE

VIA DHL

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

Identification of IPEA	Date of receipt of DEMAND		
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION			
International application No. PCT/IT03/00053		International filing date (day/month/year) 4 FEBBRAIO 2003 (04.02.03)	(Earliest) Priority date (day/month/year) 6 DECEMBER 2002 (06.12.02)
Title of invention WASHING BRUSH FOR AUTOMATIC MOTOR VEHICLE WASHING SYSTEMS			
Box No. II APPLICANT(S)			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) FAVAGROSSA EDOARDO S.r.l. VIA LEPANTO 51 26040 RONCALELLO DI CASALMAGGIORE (CREMA) ITALY		Telephone No.	
		Facsimile No.	
		Teleprinter No.	
		Applicant's registration No. with the Office	
State (that is, country) of nationality: ITALY	State (that is, country) of residence: ITALY		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) FAVAGROSSA, Francesco VIA TEATRO 12 46018 SABBIONETA (MANTOVA) ITALY			
State (that is, country) of nationality: ITALY	State (that is, country) of residence: ITALY		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)			
State (that is, country) of nationality:	State (that is, country) of residence:		
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.			

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative
 and has been appointed earlier and represents the applicant(s) also for international preliminary examination.
 is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
 is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i>	Telephone No. +39.02.76000209
CICOGNA, Franco	Facsimile No. +39.02.76021470
UFFICIO INTERNAZIONALE BREVETTI	Teleprinter No.
DOTT. PROF. FRANCO CICOGNA	Agent's registration No. with the Office
VIA VISCONTI DI MODRONE 14/A	
20122 MILANO	
ITALY	

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION

Statement concerning amendments:*

1. The applicant wishes the international preliminary examination to start on the basis of:

the international application as originally filed
 the description as originally filed
 as amended under Article 34

the claims as originally filed
 as amended under Article 19 (together with any accompanying statement)
 as amended under Article 34

the drawings as originally filed
 as amended under Article 34

2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: ENGLISH

which is the language in which the international application was filed.
 which is the language of a translation furnished for the purposes of international search.
 which is the language of publication of the international application.
 which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

			For International Preliminary Examining Authority use only
			received not received
1. translation of international application	:	sheets	<input type="checkbox"/> <input type="checkbox"/>
2. amendments under Article 34	:	sheets	<input type="checkbox"/> <input type="checkbox"/>
3. copy (or, where required, translation) of amendments under Article 19	:	sheets	<input type="checkbox"/> <input type="checkbox"/>
4. copy (or, where required, translation) of statement under Article 19	:	sheets	<input type="checkbox"/> <input type="checkbox"/>
5. letter	:	sheets	<input type="checkbox"/> <input type="checkbox"/>
6. other (specify)	:	sheets	<input type="checkbox"/> <input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

1. <input checked="" type="checkbox"/> fee calculation sheet	5. <input type="checkbox"/> statement explaining lack of signature
2. <input type="checkbox"/> original separate power of attorney	6. <input type="checkbox"/> sequence listings in computer readable form
3. <input type="checkbox"/> original general power of attorney	7. <input type="checkbox"/> tables in computer readable form related to sequence listings
4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	8. <input checked="" type="checkbox"/> other (specify): EPO FORM 1010

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).



(Franco Cicogna)

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:		
2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):		
3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.	<input type="checkbox"/>	The applicant has been informed accordingly.
4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.		
5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.		

For International Bureau use only

Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/IT03/00053	For International Preliminary Examining Authority use only
Applicant's or agent's file reference 02/233/EST	Date stamp of the IPEA
Applicant FAVAGROSSA EDOARDO S.r.l. et al.	
CALCULATION OF PRESCRIBED FEES	
1. Preliminary examination fee	1.530,00 EURO P
2. Handling fee (Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee)	159,00 EURO H
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	1.689,00 EURO TOTAL
MODE OF PAYMENT	
<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all IPEAs)

Authorization to charge the total fees indicated above.

(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

IPEA/ EPDeposit Account No.: 28070095Date: NOVEMBER 4, 2003Name: Franco CicognaSignature: 



Payment of fees and costs

European Patent Office
Treasury and Accounts Directorate
D - 80298 München
Fax: (+49-89) 2399 - 2528

Please complete in typescript only

Name of payer		Payer's reference	
01	UFFICIO INTERNAZIONALE BREVETTI	02/233/EST	
DOTT. PROF. FRANCO CICOGNA			
Address		Mode of payment	
VIA VISCONTI DI MODRONE 14/A		<input type="checkbox"/> Bank/Giro transfer ¹	
20122 MILANO		<input type="checkbox"/> Enclosed Cheque No.	
02	ITALY	<input checked="" type="checkbox"/> Debit from deposit account with the EPO is requested ²	
		Bank/Giro Office	
		Deposit account No.	
		28070095	

Patent application / Patent No. (A separate form is required for each application)

03	EP		PCT	PCT/IT03/00053	03
----	----	--	-----	----------------	----

	Code	Currency	Amount
04	001	EUR	
05	002	EUR	
06	005	EUR	
07	015	EUR	
08	055	EUR	
09	006	EUR	
10	007	EUR	
11	008	EUR	
12	033	EUR	
13	034	EUR	
14	035	EUR	
15	Extension fee(s) for ⁴ :	EUR	
16	021	EUR	1,530.00
17	164	EUR	159.00
18		EUR	
19		EUR	
20		EUR	
21		EUR	
22		Total EUR	1,689.00

Signature

Dott. Franco Cicogna

Place, Date

Milan, 04.11.03